Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING NVS3069AGC 12/16/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 LACY LANE SUNSHINE RETIREMENT HOME LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 000 Initial Comments Y 000 This Statement of Deficiencies was generated as Poctable Acceptable Acceptable Acceptable a result of the state licensure complaint survey conducted at your facility on 12/16/08. The survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006. The facility was licensed for 9 total beds, with 4 beds classified as Category 1 and 5 beds classified as Category 2 beds. The facility had the following endorsements: Residential facility for elderly or disabled persons Residential facility for persons with chronic illnesses The census at the time of the survey was 7. One sample resident file was reviewed and 0 employee files were reviewed. The following complaint was reviewed: NV00019389 - Unsubstantiated (with unrelated deficiencies #895, #896, #897, and #899). RECEIVED The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be BUREAU OF LICENS available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified at the time of the survey:

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE Administrator (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIDENTIFICATION N				(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
NV\$3069AGC				B. WING		12/16/2008			
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	ADDRESS, CITY, STATE, ZIP CODE					
CHRICHINE DETIDEMENT LIGHT 1			316 LACY LANE LAS VEGAS, NV 89107						
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGUŁATORY OR L	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE			
Y 895	Continued From page 1			Y 895	Y895				
Y 895 SS=D	5 449.2744(1)(b)(1) Medication / MAR			Y 895	a. Previous Administ				
30-D					at the time of Survey				
	NAC 449.2744 1. The administrator of a residential facility that				on 12/16/08 Notified				
					about the defici	ency.			
provides assistance to residents administration of medication sha					Employee #1	er cur	ent		
	(b) A record of the medication administered to each resident. The record must include:(1) The type of medication administered.				Administrator is aware of the oleticiency and				
				2060					
	• • • • • • • • • • • • • • • • • • • •			-5-51					
					setting guidelines for all Employe	es			
					For proper docum	centati	in		
	This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to record the type of medication administered to a resident (#1).				to Each residen				
					medication Adi		27740		
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(1101)		
	Findings include:				Record ·	·~ '//			
	On 12/16/08 in the afternoon, Resident		#1's file		b. Employee #1				
	contained a "personal data" sheet with an				Ensure proper do	ocu men	tation		
	admission date of 0			by checking Each	ch				
	order/care plan listed Resident #1's m with the following detail:		ulcation		reciple to Tile	Madia	, .		
					residents tiles. Medication				
	Zantac 150 milligrams by mouth twice daily				laministration Rec				
	Dexamethasone 4 milligrams by mouth mornings				as to what Med	red out			
	daily				us to what Med	licution	18		
	Tylenol 325 milligrams 1-2 tablets by mouth every				ordered, Time + prequency or Roule. Administrator				
	8 hours as needed	for mild pain or head	dache		& Roule . Adminis	trator	7		
	Roxanol 5 milligran	ns by mouth every he ortness of breath	our as		will monitor for	compl	iance.		

Lorazepam .5 milligrams by mouth every 4 hours C. 2/16/09

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Lorazepam .5 milligrams by mouth every 4 hours

needed for pain/shortness of breath

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RECEIVISION sheet 2 of 8



See allachment # 1

Bureau	of Licensure and Ce	tification					01/15/2009 APPROVED
AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUMBER OF STREET IN THE PROVIDENCE OF STREET		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SUNSHI	NE RETIREMENT HO	МЕ	316 LACY LAS VEG	LANE AS, NV 891	07		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
Y 895	Continued From page 2			Y 895			
	as needed for anxiety/shortness of breath				Y894		
	Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. On 12/16/08 in the afternoon, the administrator indicated she did not remember Resident #1. Severity: 2 Scope: 1				a. Previous Administrator at the time of Survey		
					of the deficiency	: awar	e
					Employee #1 is a of the deficiency	ware	
					Set up a guideling all Employee on 1	ne for	
					documentation.		
					b. Employee # 1 w	oill 	
Y 896 SS=D	NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered. This Regulation is not met as evidenced by: Based on record review, the facility failed to record the date and time of medication			Y 896	Ensure that Media Administration Re		
					is complete with Name of the reside Name of the med Dale of Time, Rout the frequency. Car or who ever is as to give medicution initial the space	end, dicathante e v regiver signed	
					initial the space patient take the or Not all Emp will monitor for	loyees Complia	ne.

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administration to a resident (#1).



C. 2/16/09

Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING B. WING 12/16/2008 NVS3069AGC STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 LACY LANE **SUNSHINE RETIREMENT HOME** LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 896 Y 896 Continued From page 3 Findings include: On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail: Zantac 150 milligrams by mouth twice daily Dexamethasone 4 milligrams by mouth mornings daily Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea Resident #1's file lacked a medication administration record indicating administration of scheduled medications for August 2008. Severity: 2 Scope: 1 RECEIVED Y 897 Y 897: 449.2744(1)(b)(3) Medication / MAR SS=D

PRINTED: 01/15/2009 FORM APPROVED Bureau of Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS3069AGC 12/16/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 LACY LANE SUNSHINE RETIREMENT HOME LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Y 897 Y 897 Continued From page 4 Y897 a. Previous Administrator at the time of Survey NAC 449.2744 1. The administrator of a residential facility that was Notified & Current provides assistance to residents in the administration of medication shall maintain: Employee #1 is (b) A record of the medication administered to of the deficiency each resident. The record must include: (3) The date and time that a resident refuses, or otherwise misses, an administration of b. Employee #1 will go medication. over the process of Medication Administration This Regulation is not met as evidenced by: to all Employees Since Based on record review, the facility failed to all Employees attended record the date and time a resident missed an administration of medication (#1). the Medication Administration Findings include: Training utilizing the On 12/16/08 in the afternoon, Resident #1's file Medication Administration contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer Packet they Got from order/care plan listed Resident #1's medication the Training All Employees with the following detail: Especially the Administrator Zantac 150 milligrams by mouth twice daily will monitor for compliance Dexamethasone 4 milligrams by mouth mornings Medications are given daily

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Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache

Roxanol 5 milligrams by mouth every hour as

as needed for anxiety/shortness of breath

Lorazepam .5 milligrams by mouth every 4 hours

needed for pain/shortness of breath

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If continuation sheet 5 of 8



Everyday then the deficiency

Monitored Every time Medication

will be corrected daily

2/25/2009

Bureau of Licensure and Certification

(X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER A. BUILDING B. WING _ NVS3069AGC 12/16/2008 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 316 LACY LANE SUNSHINE RETIREMENT HOME LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 897 Y 897 Continued From page 5 Y899 a Previous Administrator Senna-S 1 tablet by mouth twice daily as needed at the time of Survey for constipation was Notified + made aware Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once of the deficiency. Oxygen at 2 Liters per minute via nasal cannula Employee #1 is aware as needed for shortness of breath or dyspnea of the deficiency + will maintain Log of Resident #1's file lacked a medication administration record indicating administration of Caregivers assigned To scheduled medications for August 2008. The file lacked a record of Resident #1's missed Administer medication administrations of medication for August 2008. and it will be posted Severity: 2 Scope: 1 on Every month schedule. Y 899 Y 899 449.2744(2) Medication Administration b. All Employees will SS=D Signer Every MAR with NAC 449.2744 the Initial on the 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications bottom part of the that indicates the shifts during which each MAR which say signature caregiver was responsible for assisting in the administration of medication to a resident. This + I mitial. (See attachment requirement may be met by including on a resident's medication sheet an indication of who #1). Employee #1 will assisted the resident in the administration of the medication, if the caregiver can be identified from Monitor for Compliance this indication. or yit is a day to day activity so the momitoring every day all Employees should be awake. e. 2/19/04

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This Regulation is not met as evidenced by:

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Bureau of Licensure and Certification (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING B. WING NV\$3069AGC 12/16/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 LACY LANE SUNSHINE RETIREMENT HOME LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Y 899 Y 899 Continued From page 6 Based on record review, the facility failed to indicate who assisted a resident in the administration of medication (#1). Findings include: On 12/16/08 in the afternoon, Resident #1's file contained a "personal data" sheet with an admission date of 08/20/08. A hospice transfer order/care plan listed Resident #1's medication with the following detail: Zantac 150 milligrams by mouth twice daily Dexamethasone 4 milligrams by mouth mornings daily Tylenol 325 milligrams 1-2 tablets by mouth every 8 hours as needed for mild pain or headache Roxanol 5 milligrams by mouth every hour as needed for pain/shortness of breath Lorazepam .5 milligrams by mouth every 4 hours as needed for anxiety/shortness of breath Senna-S 1 tablet by mouth twice daily as needed for constipation Trazodone 100 milligrams by mouth at bedtime as needed for insomnia; may repeat once Oxygen at 2 Liters per minute via nasal cannula as needed for shortness of breath or dyspnea RECEIVED Resident #1's file lacked a medication FEB 2 n 2009 administration record indicating administration of scheduled medications for August 2008. The file BUREAU OF LICENSURE AND CERTIFICATION failed to indicate who or if anyone administered LAS YEGAS, NEVADA

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Resident #1's scheduled medications for August

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If continuation sheet 8 of 8

Bureau of Licensure and Certification STATEMENT OF DEFICIENCIES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION COMPLETED **IDENTIFICATION NUMBER:** A. BUILDING B. WING NVS3069AGC 12/16/2008 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 316 LACY LANE SUNSHINE RETIREMENT HOME LAS VEGAS, NV 89107 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) Y 899 Y 899 Continued From page 7 2008. Severity: 2 Scope: 1 RECEIVED FEB 2 0 2009 BUREAU OF LICENSURE AND CERTIFICATION LAS VEGAS, NEVADA

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.